

Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

Application is hereby made to operate a temporary food establishment in accordance with Howard County Code, Section 12.107. Please type or print clearly.

No storage or food preparation is permitted from a home or an unlicensed facility.

SUBMIT COMPLETED FORM <u>2-WEEKS</u> PRIOR TO EVENT. The Howard County Health Department reserves the right to deny late, incomplete or fraudulent license application. License application received without a fee will not be processed.		
Name of Event:	Date of Event: Time of Event:	
Location of Event:		
Event Coordinator or Contact Person:	Phone #:	
Owner's Name:	Business Name:	
Mailing Address:		
City, State:	Zip Code:	
How many of each of the following types of food service will you be operating at this event? Booth: Trailer: Other [describe]		
Water Supply: [] Public [] Private Sewage Disposal: [] Public [] Septic System		
Provide proof of Non-Profit status with application: Tax Identification Number		
Do you have an Out of State/County License? [] Yes [] No If you selected "Yes", please complete the following:		
Name of Agency that issued the license:		
Agency Address:		
Agency Phone Number:		
I have read and understand the "Standards for the Dispensing of Food from Temporary Facilities" packet and I agree to comply with all of the requirements.		
(Authorized signature) (Date	(Title)	
Make Check / Money Order payable to: DIRECTOR	OF FINANCE FOR OFFICE USE ONLY	
Send completed application and fee (no cash) to:	FEE DUE: \$72.00 DATE DUE:	
HOWARD COUNTY HEALTH DEPARTMENT	RECEIPT NO:	
BUREAU OF ENVIRONMENTAL HEALTH – FOOD PROGRAM		
8930 Stanford Blvd., Columbia, MD 21045 (410) 313-1772 Application fee is Non-refundable		

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

TEMPORARY FOOD FACILITY INFORMATION SHEET

(Return with the Temporary Food Service Application)

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Naı	me of Event:	Date of Event:
Naı	me of Food Booth:	
Naı	me & Phone Number of Food Booth Operator:	
You may use the back of this paper if you require more space for the questions below.		
1.	. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? No storage or food preparation is permitted from a home or an unlicensed facility. Include proof of storage and/or preparation facility licensure and ID number, and a copy of the most recent inspection report by licensin agency.	
	Address of Facility:	
2.	. WHERE WILL FOOD SERVED AT THE EVENT BE PURCHASED?	
	Name and Location of Supplier:	
3.	HOW WILL YOU KEEP COLD FOOD COLD (41) (Examples of cold food are: raw meat, poultry, se	
4.	HOW WILL YOU KEEP HOT FOOD HOT (135°F (Examples of hot food are: cooked, ready-to-serv	
5.	DESCRIBE THE HAND WASHING FACILITIES (Soap, paper towels and warm water must be su	
6.	IF ONE OF YOUR COOKING UTENSILS FALLS RINSE, AND SANITIZE IT? DESCRIBE WASH-	
7.	LIST OR PROVIDE A MENU OF ALL FOOD AN	D BEVERAGE ITEMS THAT WILL BE SERVED:
8.	ATTACH A SKETCH OF YOUR FOOD BOOTH. area. Include method of compliance with enclose	(Show equipment, hand-washing, utensil washing ed screening requirements.)